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REPORT ON THE IMPLEMENTATION OF THE DECISIONS AND RECOMMENDATIONS OF THE PROGRAMME COORDINATING BOARD OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS*

Background

1. At the June 2003 joint meeting of the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the United Nations World Food Programme (WFP), several delegations recommended that there be a standing agenda item on the decisions, recommendations and conclusions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This item is discussed each year at the second regular session of the UNDP/UNFPA Executive Board.

2. This report focuses on the implementation and impact of the recommendations from the sixteenth and seventeenth meetings of the Programme Coordinating Board held in December 2004 and June 2005, respectively. The recommendations may be accessed at: www.unfpa.org/exbrd or www.unaids.org. The recommendations that are most relevant to UNFPA are in the following areas: (a) co-sponsorship; (b) strengthening linkages between sexual and reproductive health and HIV/AIDS; (c) coordination and harmonization; (d) the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; (e) strengthening national responses; (f) scaling up HIV treatment; (g) the UNAIDS policy position paper on intensifying HIV prevention; (h) women, gender and AIDS; and (i) the UNAIDS unified budget and workplan, 2006-2007.

* The compilation of data required to present the Executive Board with the most current information has delayed submission of the present document.

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Co-sponsorship

3. As a co-sponsor of UNAIDS, UNFPA is committed to implementing the recommendations of the Programme Coordinating Board and to working effectively with all United Nations system organizations and other partners. The focus of UNFPA work in HIV/AIDS remains: (a) the prevention of HIV infection among young people; (b) women and AIDS; and (c) comprehensive condom programming. In addition, UNFPA seeks to create enabling environments that foster gender equity and equality, cultural sensitivity and partnerships, which complement UNFPA efforts.

4. UNFPA is the UNAIDS convening agency on young people and on condom programming. It provides strong leadership at the country level and chairs 20 per cent of United Nations theme groups on HIV/AIDS. The reaffirmation of the Programme of Action of the International Conference of Population and Development (ICPD) during the ten-year review confirms the importance of the UNFPA focus in combating HIV and AIDS. UNFPA supports countries in reaching the goals, objectives and targets of the ICPD Programme of Action, the key actions for the further implementation of the ICPD Programme of Action (ICPD+5), the Declaration of Commitment on HIV/AIDS and the United Nations Millennium Declaration.

Strengthening linkages between sexual and reproductive health and HIV/AIDS

5. UNFPA has mobilized members of the Programme Coordinating Board and other organizations of the United Nations system around the linkages between sexual and reproductive health and HIV/AIDS and the feminization of the epidemic. This has resulted in a growing number of partners in UNAIDS and in public, private and civil-society sectors. The importance of these linkages, and of universal access to sexual and reproductive health in halting and reversing the HIV/AIDS pandemic, is gaining momentum. This is evident in various calls for action, policy statements and recommendations, including those of the Programme Coordinating Board, which recognize the linkages. The United Nations Millennium Project has emphasized that expanding access to sexual and reproductive health information and services is a "quick win"– a cost-effective action to enable countries to achieve the Millennium Development Goals (MDGs).

6. In 2004, as part of UNFPA and partner agency efforts to mark the tenth anniversary of the ICPD, the United Nations Deputy Secretary-General addressed key policy makers and international leaders to galvanize support for the linkages between HIV and sexual and reproductive health. UNFPA has promoted the resulting New York Call to Commitment at regional and global events, including at the Fifteenth International AIDS Conference in Bangkok, Thailand. A working group has been established to provide programme guidance on these linkages. UNFPA, the World Health Organization (WHO), and the International Planned Parenthood Federation (IPPF), in consultation with other partners, are developing a framework of priority linkages, an inventory of related advocacy and programming tools, and country-level case studies.

7. The integration of voluntary counselling and testing into sexual and reproductive health services in UNFPA-IPPF pilot projects in Côte d'Ivoire and India resulted in clear benefits by reducing the AIDS-related stigma; strengthening awareness of healthy sexual behaviour; and increasing access to and utilization of services. Initiatives in Asia, which target young people, promote dual protection and incorporate voluntary counselling and testing within family planning services. UNFPA and IPPF also published guidelines for programme planners, managers and service providers to build capacity in the health system.

8. With regard to the sexual and reproductive health needs of HIV-positive women, UNFPA and WHO have developed clinical guidelines on sexual and reproductive health for women living with HIV. In addition, UNFPA and its partners, including EngenderHealth and the International Committee of Women Living with HIV, have formulated a framework on sexual and reproductive health for women living with HIV.

Coordination and harmonization

9. UNFPA has established an internal task force on United Nations reform to ensure that UNFPA responds effectively to the reform initiatives of the Secretary-General. This task force will enable UNFPA to promote change within the organization and to increase its effectiveness in the development process. In support of the principle of "three ones" for country-level coordination (*one* agreed HIV/AIDS action framework; *one* national AIDS coordinating authority; and *one* agreed country-level monitoring and evaluation system), UNFPA and UNICEF are working together to increase young people's involvement in the common country assessment, the United Nations Development Assistance Framework (UNDAF) and national HIV/AIDS coordination bodies.

10. In Bosnia and Herzegovina, UNFPA has sought to ensure that young people's reproductive health issues are included in national processes and frameworks. UNFPA has also worked with parliamentarians and the media to raise political and public awareness of young people's reproductive needs and rights. In Cambodia, UNFPA and UNICEF, working with the United Nations Resident Coordinator, ensured that the 2006-2010 UNDAF includes a focus on reaching and empowering vulnerable groups and promoting gender equity.

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

11. The findings of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (see annex), which the Programme Coordinating Board endorsed in June 2005, recognize that strengthening coordination, alignment and harmonization in the context of the "three ones", United Nations reform, the MDGs and the Paris Declaration on Aid Effectiveness is essential for scaling up the AIDS response. UNFPA, as chair of the United Nations Development Group (UNDG) programme group, has been actively involved as a member of the Global Task Team. UNFPA has hosted meetings, worked with the UNAIDS secretariat, and identified appropriate country-level participants for the meetings. UNFPA has also engaged the UNDG programme group in discussions and communicated the findings and recommendations of the Global Task Team to UNFPA field offices.

12. UNAIDS and its co-sponsors are responding rapidly to the recommendations of the Global Task Team and are clarifying the division of labour among co-sponsors in the following areas: (a) scaling up interventions; (b) strategic planning, governance and financial management; and (c) monitoring and evaluation, strategic information, knowledge sharing and accountability. In each technical area, lead agencies have been identified to coordinate United Nations technical assistance.

13. UNDP, UNFPA, UNICEF, WHO, the World Bank, the UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria have established a global problem-solving team and have estimated the costs of technical support to implement the Global Task Team recommendations. The group is also identifying potential funding mechanisms, such as an expansion of the UNAIDS programme

acceleration funds. Accountability frameworks will become the norm, with lead agencies assuming responsibility for ensuring the delivery of technical support at the country level.

Strengthening national responses

14. Responding to the call of the Programme Coordinating Board for an increased focus on country-level support, including through the unified budget and workplan, UNFPA has re-focused its resources for HIV prevention in Africa to ensure that country offices have the technical capacity to support the national AIDS authority and to strengthen capacity in the 12 hardest-hit countries. UNFPA has initiated similar exercises in each of its geographical divisions.

15. UNFPA is working with other members of the UNDG to strengthen the resident coordinator system and to hold it accountable for supporting national development efforts. UNFPA is considering strengthening further its country offices, especially those in Africa, and reallocating resources from headquarters to enhance its regional presence. UNFPA is also taking steps to ensure that programmes and budgets at all levels are better integrated into the UNFPA multi-year funding framework (MYFF).

Scaling up HIV treatment

16. There is consensus on the need to scale up prevention and treatment simultaneously. The Programme Coordinating Board has recognized the importance of integrating prevention efforts into treatment delivery. Integrating prevention efforts into treatment delivery constitutes the main role of UNFPA in inter-agency efforts to expand access to treatment.

UNAIDS policy position paper on intensifying HIV prevention

17. The Programme Coordinating Board called for the revitalization and intensification of HIV prevention, emphasizing the need for strong linkages to sexual and reproductive health as well as the need to integrate prevention efforts into treatment. These elements were central to the planning by UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Office on Drugs and Crime, of a General Assembly round table on prevention, held in New York in June 2005.

18. In developing the policy position paper on intensifying HIV prevention, which the Programme Coordinating Board endorsed in June 2005, UNFPA provided both human and technical resources to ensure its quality and focus. UNFPA continues to support the drafting of the related UNAIDS action plan, in which UNFPA has proposed to lead efforts in the following areas: (a) gender and culture; (b) promoting linkages between sexual and reproductive health and HIV/AIDS; (c) preventing the sexual transmission of HIV; (d) integrating HIV prevention into AIDS treatment services; and (e) HIV prevention among young people.

19. In order to scale up HIV prevention programmes for young people, UNFPA and its partners developed evidenced-based programme tools, including a global compendium of policy and programme training resources, guidelines and reports. UNFPA continues to build the capacity of its implementing partners in areas such as advocacy, awareness-raising among policy makers, and the integration and expansion of comprehensive adolescent programmes within the HIV/AIDS response. These programmes include: (a) HIV prevention programmes for young people, including those at high risk; (b) support for

youth-friendly health services; (c) the documentation of good practices and lessons learned; and (d) knowledge sharing.

20. To involve and empower young people, UNFPA established a youth advisory panel, a special youth programme, and sponsored the participation of young people in regional consultations to develop the UNAIDS unified budget and workplan for 2006-2007. UNFPA efforts to improve inter-agency collaboration and coordination and to strengthen knowledge sharing and partnerships resulted in a stronger focus on youth at the Fifteenth International AIDS Conference. UNFPA and its partners also launched an inter-agency publication on accelerating youth access to HIV/AIDS interventions. Expanded inter-agency collaboration is also evident in co-sponsor support for the UNESCO-led global initiative on HIV/AIDS and education.

21. In June 2005, to promote youth-adult partnerships in HIV prevention, UNFPA brought together all UNAIDS co-sponsors to support 20 young people from around the world to enable them to launch a report and voice their concerns on progress made on the Declaration of Commitment on HIV/AIDS. Through its global youth partners' initiative, UNFPA supported youth-adult HIV prevention advocacy action plans in several countries.

22. At the April 2005 ministerial meeting held in Moscow, UNFPA, in partnership with UNESCO and UNICEF, organized a special session on young people and HIV/AIDS in the Commonwealth of Independent States. During the meeting, two youth participants presented the work of the youth peer education electronic resource (Y-PEER) and stressed the important role of young people and peer education in the region.

23. In Eastern Europe and Central Asia, a UNFPA-sponsored regional workshop endorsed the recommendations for outreach work with especially vulnerable young people and the minimum standards in peer education. Y-PEER educational activities have reached 1.7 million young people and expanded regional and national network coverage to 191 non-governmental organizations (NGOs) and institutions. Plans to expand Y-PEER to Africa and the Arab States are under way.

24. In Africa, UNFPA and its partners established a youth network on population and development, which emphasizes sexual and reproductive health and HIV/AIDS and the scaling up of responses to the epidemic through an integrated, multisectoral approach. The European Commission/UNFPA Initiative on Reproductive Health in Asia has worked with 19 European NGOs and more than 60 local partners to improve sexual and reproductive health in seven countries. Youth participants in this initiative identified key concerns, including the need for HIV/AIDS prevention, counselling and services. As a result, the members of two UNFPA-supported youth initiatives are working together on advocacy for sexual and reproductive health and on HIV/AIDS information, education and services for young people.

25. In Latin America and the Caribbean, UNFPA is leading an initiative in five countries to increase national commitment and capacities to support: (a) HIV/AIDS prevention for youth; (b) the provision of youth friendly services; and (c) the dissemination of innovative approaches for effective and sustainable HIV prevention among especially vulnerable youth.

Women, gender and AIDS

26. Recognizing the increasing impact of HIV/AIDS on women and girls, the Programme Coordinating Board called for a stronger focus on the underlying gender, social, cultural and economic

issues. It urged UNAIDS to improve and intensify its action for women and girls, including through the seven action areas of the Global Coalition on Women and AIDS. UNFPA, IPPF and YoungPositive are co-conveners in HIV prevention in women and girls and have developed workplans and programmes.

27. Recommendations for action are described in the publication on women and AIDS (published by UNFPA, the United Nations Development Fund for Women, UNAIDS and the Global Coalition on Women and AIDS), which was launched at the Fifteenth International AIDS Conference. Heeding the call to promote female-controlled HIV prevention methods, UNFPA and its partners launched a multi-year, multi-country initiative to scale up female condom programming. The initiative has completed country assessments in six countries and intensified programming in two other countries.

28. Case studies from nine countries indicated that reproductive health programmes that incorporated social and cultural factors could generate a supportive environment for advocacy and service delivery. These studies paved the way to develop culture-training modules, one of which focused on HIV/AIDS, and a manual to engage faith-based organizations in HIV prevention.

29. Responding to the Programme Coordinating Board call for greater action to address gender-based violence and to build partnerships with women's and girls' organizations, UNFPA has worked in over 50 countries to develop protocols and strengthen civil society partnerships to promote gender equality. UNFPA is also enhancing awareness of gender issues, promoting male involvement and emphasizing the role of culture and gender in population and development, reproductive health and HIV/AIDS by providing technical and financial support, training and improved tracking tools. To help combat gender-based violence in Africa, UNFPA organized a regional conference in Gabon in October 2004, which over 200 women ministers and parliamentarians attended.

UNAIDS unified budget and workplan, 2006-2007

30. In responding to the request of the Programme Coordinating Board for a more focused and results-based unified budget and workplan, UNFPA played a lead role in reducing the number of key results in the unified budget and workplan. UNFPA has focused its work on achieving three key results, which are based on the comparative advantages of UNFPA and consistent with the MYFF. As chair of the ad-hoc working group on the inter-agency budget, UNFPA ensured a high level of feedback; a rational division between the UNAIDS secretariat budget and the inter-agency budget; inclusion of regional priorities for joint programming; an agreed approach for monitoring; and accountability structures and mechanisms for inter-agency key results.

31. These actions are also in line with decision 2004/8 of the Executive Board, which urged UNFPA to further develop a results-based management system for planning, monitoring and evaluating the intercountry programme, 2004-2007, to ensure that future reporting is performance oriented, bearing in mind the need for synergies between the intercountry programme and the country programmes.

The way forward

32. UNFPA will continue to maintain its focus, champion United Nations reform and embrace the recommendations of the Global Task Team. For the remainder of 2005 and beyond, the challenge will be to implement the Global Task Team recommendations and, along with UNAIDS partners, to ensure the alignment of common instruments and action plans, including the unified budget and workplan as well as action plans to prevent HIV and scale up treatment.

33. In line with this approach, UNFPA requests the Executive Board to endorse the Global Task Team recommendations and to support UNFPA strategies that focus on: (a) linking sexual and reproductive health and HIV/AIDS; (b) building capacity to scale up effective approaches; (c) partnerships; (d) advocacy and policy dialogue; (e) coordination and knowledge sharing; and (f) building on successes and lessons learned.

34. In the area of young people, efforts will focus on: (a) strengthening youth-adult partnerships; (b) determining the cost, coverage and quality of interventions for young people; (c) determining effective, evidenced-based HIV prevention approaches for very young adolescents; and (d) increasing partnerships and advocacy efforts for HIV prevention for young people.

35. In the area of women and AIDS, efforts will focus on: (a) combating gender inequality, stigma and discrimination; (b) strengthening the linkages between sexual and reproductive health and HIV, including programming for HIV-positive women; and (c) working with the Global Coalition on Women and AIDS to expand partnerships and increase advocacy efforts.

36. In the area of condoms, efforts will concentrate on: (a) intensifying condom programming at the country level, particularly dual protection for sexually active young people; and (b) scaling up female condom programming.

Elements of a decision

37. The Executive Board may wish to:

(a) Take note of the present report (DP/FPA/2005/17);

(b) Welcome the emphasis on support to country-level action;

(c) Endorse the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;

(d) Support the proposed substantive focus of the UNFPA approach in collaborating with UNAIDS and with other United Nations agencies and organizations, NGOs and the private sector.

Annex

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

Recommendations

The Global Task Team has developed a set of recommendations on how countries and multilateral institutions and international partners can strengthen, streamline, and better organize their responses to the epidemic. The recommendations are presented under four main headings:

1. Empowering inclusive national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight

1. Empowering inclusive national leadership and ownership

1.1. The Global Task Team recommends that:

Countries develop annual priority AIDS action plans that drive implementation, improve oversight, emphasize results, and provide a solid basis for the alignment of multilateral institutions' and international partners' support; within related efforts to progressively strengthen national AIDS action frameworks and root them in broader development plans and planning processes.

In order to accelerate national AIDS responses, annual priority AIDS action plans should:

* Be developed in a rapid manner that does not impede ongoing implementation;

* Be costed, prioritized, evidence-based, multisectoral, and include clear and simple monitoring and evaluation frameworks;

* Clearly delineate roles and responsibilities of national stakeholders, multilateral institutions and international partners (who does what, when, and where);

* Detail, prioritize, and cost technical support needs, in areas including information and education, care and treatment, monitoring and evaluation, and procurement and supply management;

* Assess and cost human resource capacity gaps and infrastructure needs; and

* Be developed in a participatory manner by a full range of national stakeholders.

To empower national AIDS coordinating authorities and their supporting mechanisms to develop annual priority AIDS action plans, UNAIDS (together with a broad range of stakeholders) will:

* Develop a set of internationally-recognized standards and criteria for annual priority AIDS action plans, and a scorecard-style tool that countries can use for self-assessments of the plans;

* Based on the requests of countries, assist in the rapid development of annual priority AIDS action plans – including human resource capacity needs – and disseminate lessons learned from an initial group of 5 to 10 countries that develop these plans.

Accountable institution and timeframe:

* UNAIDS to develop standards and criteria and scorecard-style tool by December 2005.

* Upon request from countries, World Bank, UNDP and UNAIDS Secretariat to take the lead in providing support to the development of annual priority AIDS action plans in 5–10 countries in highly-affected regions by December 2005.

* UNAIDS Secretariat to report on progress and disseminate lessons learned by June 2006, with interim reporting by December 2005.

1.2. The Global Task Team recommends that:

Countries ensure that their macroeconomic and public expenditure frameworks support and appropriately prioritize the implementation of national AIDS action frameworks and annual priority AIDS action plans. The World Bank commits to working with the International Monetary Fund, UNDP, and UNAIDS Secretariat to support these actions.

* The World Bank, UNDP, and UNAIDS Secretariat will ensure that resources and technical support are available so that countries can integrate AIDS more fully into Poverty Reduction Strategy Papers (PRSPs)

* The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will ensure that evidence on the economic consequences of AIDS shapes its internal policies and its guidance to countries (particularly ministries of finance), and will improve its reviews of Poverty Reduction Strategies and systematically encourage countries to include AIDS in Poverty Reduction Strategies.

* The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will assist countries to ensure that macroeconomic and public expenditure frameworks support the implementation of national AIDS action frameworks and annual priority AIDS action plans.

Accountable institutions and timeframe:

* The World Bank, UNDP, and UNAIDS Secretariat to provide support on the integration of AIDS into PRSPs to four countries by December 2005; and to all countries updating PRSPs by December 2006.

* The World Bank to report progress on internal policies, reviews, and country guidance and assistance to the June 2006 PCB.

2. Alignment and harmonization

2.1. The Global Task Team recommends that:

Multilateral institutions and international partners commit to working with national AIDS coordinating authorities to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans.

* The Global Fund, the World Bank, and other multilateral institutions and international partners will identify specific approaches to improving the alignment of their financing with country cycles and annual priority AIDS action plans.

* In countries that hold joint annual reviews of the national AIDS programme, the Global Fund, the World Bank, and other multilateral institutions will participate and subsequently accept these joint annual reviews as their primary evaluations (within the governance structures of each).

* Based on requests from countries, UNAIDS, the Global Fund, and the World Bank will support efforts at country level to define problems in the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism, clarify principles, and disseminate good practices.

Accountable institutions and timeframe:

* The Global Fund and the World Bank to identify approaches to improving alignment of their financing by December 2005.

* The Global Fund and the World Bank to participate in joint annual reviews and use them as their primary evaluations in at least three countries by June 2006.

* UNAIDS Secretariat, the Global Fund, and the World Bank to jointly report progress in responding to requests from countries to clarify the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism to the June 2006 PCB.

2.2. The Global Task Team recommends that:

In line with the OECD/DAC Paris Declaration, the Global Fund, the World Bank, other multilateral institutions, and international partners; (a) progressively shift from project to programme financing based on costed, prioritized, evidence-based, and multisectoral national AIDS action frameworks that are linked to broader development processes such as Poverty Reduction Strategies; and (b) further commit to harmonizing and better coordinating their programming, financing, and reporting.

* The Global Fund and the World Bank will:

  - Pilot joint financial management and procurement assessments, and joint programmatic and financial reporting;

  - When countries wish to have joint approaches, use joint implementation processes; and

  - Take concrete, operational steps to improve communications.

* The Global Fund, the World Bank and other parts of the UN system, and other multilateral institutions and international partners will engage in a process to identify procurement and supply management bottlenecks, and to agree upon concrete steps for the harmonization and alignment of procurement and supply management policies and procedures.

Accountable institutions and timeframe:

* The World Bank and the UNAIDS Secretariat to report progress on a progressive shift from project to programme financing to the June 2006 PCB, and the Global Fund to report progress at the Spring 2006 Global Fund Board meeting.

* The Global Fund and the World Bank to complete piloting of joint financial management and procurement assessments, and joint programmatic and financial reporting by December 2005.

* The Global Fund and the World Bank to institute all steps to improve communications, assess current status of joint implementation processes and identify challenges to expanding the use joint approaches by September 2005.

* The Global Fund, and the World Bank and other parts of the UN system to jointly report progress on addressing bottlenecks to procurement and supply management by June 2006.

3. Reform for a more effective multilateral response

3.1 The Global Task Team recommends that:

The UN Secretary-General instruct the UN Resident Coordinator to establish, in collaboration with the UN Country Team, a joint UN team on AIDS – facilitated by the UNAIDS Country Coordinator – that will develop a unified UN country support programme on AIDS within the national planning framework.

* The joint UN team will provide a common entry point for national stakeholders to more easily access the full range of AIDS-related services available throughout UN system.

* The joint UN team will, upon request, support national AIDS coordinating authorities to develop capacity to oversee implementation and to identify and solve problems, through whichever modality is most appropriate for national contexts.

* The joint UN team will link to global-level problem-solving mechanisms and to regional technical support facilities.

Accountable institutions and timeframe:

* The Secretary-General to communicate to UN Resident Coordinators by September 2005; and the UN Development Group to ensure that joint teams with unified programmes are established in 5–10 countries by December 2005.

* UNAIDS Secretariat to report on progress to the June 2006 PCB.

3.2 The Global Task Team recommends that:

The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level.

* Multilateral institutions and international partners will assist national stakeholders to convene, under the umbrella of the national AIDS coordinating authority, task-specific teams for problem-solving and concerted action on monitoring and evaluation, procurement and supply management, technical support needs, and human resource capacity development.

* The joint UN system-Global Fund team will meet regularly to help address problems identified by country-level stakeholders.

* The joint UN system-Global Fund team will identify good practices and disseminate them together with the lessons learned to support countries' efforts to scale up their AIDS programmes.

Accountable institutions and timeframe:

* UNAIDS Secretariat to report global progress on the establishment of national task-specific teams for problem-solving to the June 2006 PCB.

* WHO, UNICEF, UNFPA, UNDP, World Bank, UNAIDS Secretariat and Global Fund to take the lead and establish the joint UN system-Global Fund problem-solving team by July 2005.

* WHO and UNAIDS Secretariat to disseminate lessons learned by December 2005.

3.3. The Global Task Team recommends that:

UNAIDS Cosponsors and the Global Fund establish a more functional and clearer division of labour, based on their comparative advantages and complementarities, in order to more effectively support countries.

* The UNAIDS Secretariat will lead a process with the UNAIDS Cosponsors of clarifying and costing a UN system division of labour for technical support to assist countries to implement their annual priority AIDS action plans.

* The UNAIDS Committee of Cosponsoring Organizations (CCO) will commission an independent review of the functioning of UNAIDS' governance structure, including the CCO, the Unified Budget and Workplan, and UN Theme Groups on HIV/AIDS.

* The Global Fund and the World Bank will lead a rapid process to evaluate and clarify areas of overlap, comparative advantages and complementarities between the two.

Accountable institutions and timeframe:

* UNAIDS to agree on UN system division of labour at June 2005 PCB.

* CCO to consider recommendations from the independent review at October 2005 meeting.

* The Global Fund and the World Bank to complete rapid evaluation of areas of overlap, comparative advantages and complementarities by September 2005 Global Fund Replenishment Conference.

3.4. The Global Task Team recommends that:Financing for technical support be considerably increased, including by expanding and refocusing UNAIDS Programme Acceleration Funds so they enable the UN system and others to scale up the provision and facilitation of technical support, based on requests by countries.

* UNAIDS will broaden the scope and means of access to Programme Acceleration Funds to ensure that they can be used to finance the provision of technical support by the UN system, local entities (such as civil society organizations, private sector firms, and governments), regional organizations and technical support facilities, south-south cooperation efforts, multilateral institutions, and others, with further financing provided based on performance.

* UNAIDS and partners will determine the most effective way of financing the expansion of the Programme Acceleration Funds, such as in the form of additional commitments in the Global Fund Replenishment mechanism.

* Through the existing World Bank/WHO capacity-building programme and other initiatives, multilateral institutions and international partners will intensify their efforts to build national capacity on procurement and supply chain management.

Accountable institutions and timeframe:

* UNAIDS to agree on the broadening of Programme Acceleration Funds at June 2005 PCB.

* Multilateral institutions and international partners to agree on financing of the Programme Acceleration Funds by or at September 2005 Global Fund Replenishment Conference.

* The World Bank and WHO to evaluate progress on the building of national capacity on procurement and supply chain management by September 2005.

4. Accountability and oversight

4.1. The Global Task Team recommends that:

Within existing participatory reviews of national AIDS programmes, UNAIDS assist national AIDS coordinating authorities to lead participatory reviews of the performance of multilateral institutions, international partners and national stakeholders that build upon existing OECD/DAC standards and criteria for alignment and harmonization.

* Ideally conducted by an appropriate national stakeholder forum, these transparent and participatory performance reviews would culminate in public dissemination of the results and feedback into national programming.

* UNAIDS, together with a broad range of stakeholders, will develop a scorecard-style accountability tool for measurement of national stakeholders' participation in the AIDS response and international partner alignment to the national AIDS action framework.

* UNAIDS will disseminate globally the results of the assessments of partner alignment, and will organize a transparent and participatory process at global level for the review of partner alignment, including reporting of progress on division of labour within the multilateral system.

Accountable institutions and timeframe:

* UNAIDS Secretariat to take the lead in the development of a scorecard-style accountability tool by December 2005.

* UNAIDS to support and disseminate the results of performance reviews in 10 countries by December 2006.

4.2. The Global Task Team recommends that:

Multilateral institutions and international partners assist national AIDS coordinating authorities in the strengthening of their monitoring and evaluation mechanisms and structures that facilitate oversight of and problem-solving for national AIDS programmes.

* UNAIDS, in close collaboration with countries, will operationalize a Joint Monitoring and Evaluation Facility to ensure consistent global guidance on technical issues, development of monitoring and evaluation tools, and the timely and transparent flow of information to all partners. International partners will ensure that the Facility is fully resourced.

* At country level, multilateral institutions and international partners will establish a Joint Monitoring and Evaluation Country Support Team to align their provision of technical support on

monitoring and evaluation to the national monitoring and evaluation system. In collaboration with the national AIDS coordinating authority, UNAIDS will facilitate the establishment of the Monitoring and Evaluation Country Support Team.

* Multilateral institutions and international partners will ensure that country monitoring and evaluation advisers will, at the request of countries, be based in the offices of national AIDS coordinating authorities.

* National AIDS coordinating authorities, multilateral institutions and international partners to increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalized communities and the critical analysis of national data.

* The Global Fund, the World Bank, and other multilateral institutions and international partners will regularly provide to national AIDS coordinating authorities and the general public:
  - Information on planned and actual commitments and disbursements, including the recipients and the intended use; and
  - Information on performance of the programmes financed, including actual results achieved against targets.

Accountable institutions and timeframe:

* UNAIDS to operationalize the Joint Monitoring and Evaluation Facility by September 2005.
* UNAIDS to establish Joint Monitoring and Evaluation Country Support Teams in five countries by December 2005 and in 10 countries by December 2006.
* UNAIDS to fulfil all national requests for the placement of existing and planned UN system country monitoring and evaluation advisers in the offices of the national AIDS authority by December 2005.
* UNAIDS to measure civil society participation in monitoring and evaluation and report progress at the 2006 UN General Assembly Special Session on HIV/AIDS.

The Global Fund and the World Bank to implement information-sharing practices globally by December 2005